



10-03-06

ITW

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/733121
Filing Date	12/11/2003
First Named Inventor	FRANK R. CHIAPETTA
Art Unit	1723
Examiner Name	SOOHOO, TONY GLEN
Attorney Docket Number	3020/U

ENCLOSURES (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify
below): |
|--|--|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CONAIR CORPORATION		
Signature			
Printed name	LAWRENCE CRUZ		
Date	OCTOBER 2, 2006	Reg. No.	36,385

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810)

Complete if Known

FEE TRANSMITTAL
For FY 2006

Application Number	10/733121
Filing Date	12/11/2003
First Named Inventor	FRANK R. CHIAPETTA
Examiner Name	SOOHOO, TONY GLEN
Art Unit	1723
Attorney Docket No.	3020/U

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	120
-------------------------	------	-----

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 501239 Deposit Account Name: CONAIR CORPORATION

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): PETITION FOR EXTENSION OF TIME 1MONTH(120) 120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,385	Telephone 203-921-2844
Name (Print/Type)	LAWRENCE CRUZ	Date OCTOBER 2, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY



Application S.N./Registration No.: 10/733121

Filing Date: 12/11/03

File/Docket No.: 302014

Receipt of Transmitted Documents

Patent Office Mail Room: Please place the Mail Room Date Stamp on this card to indicate receipt by the U.S. PTO of the paper(s) identified below and return card to sender.

Type of Paper:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Declaration |
| <input type="checkbox"/> Brief | <input type="checkbox"/> Certificate of Corr. |
| <input type="checkbox"/> Maintenance Fee | <input checked="" type="checkbox"/> Request for Ext. of Time |
| <input type="checkbox"/> Appeal Board's Decision | <input type="checkbox"/> Petition |
| <input type="checkbox"/> Issue Fee | <input type="checkbox"/> Missing Parts |
| <input type="checkbox"/> Priority Document | <input type="checkbox"/> 132 Declaration |
| <input type="checkbox"/> Formal Drawings | <input checked="" type="checkbox"/> Transmittal Letter (in duplicate) |
| <input type="checkbox"/> Notice of Appeal | <input type="checkbox"/> Rule 53(d) Continuation (CPA) |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Assignment w/rec. Cover Sheet |
| <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Request for Recon. | <input checked="" type="checkbox"/> Deposit Acct Authorization and Info. Provided |
| <input type="checkbox"/> References (IDS)/PTO1449 | |
| <input type="checkbox"/> Preliminary Amend. | |

A Check drawn in the amount of \$..... (#.....)

is also attached hereto.

Mailed: ☐ COM ☒ COEM #.....

EV888944931US



EV 888944931 US

Mailing Label
Label 11-F, April 2004



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee \$	
Mo. Day Year	Month Day	Scheduled Time of Delivery	COD Fee \$ Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Total Postage & Fees \$	
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Int'l Alpha Country Code	
lbs. ozs.		Acceptance Emp. Initials	

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day			
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day			
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day			
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			

CUSTOMER USE ONLY
METHOD OF PAYMENT:
Express Mail Corporate Acct. No. _____

Federal Agency Acct. No. or
Postal Service Acct. No. _____

FROM: (PLEASE PRINT)

PHONE 203,921 2844

STEVEN GARNER
LEGAL DEPARTMENT
CONAIR CORPORATION
1 CUMMINGS POINT RD STE 1
STAMFORD CT 06902-7901
USA

302014

COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450

FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811



PRESS HARD, YOU ARE MAKING 3 COPIES.